

EXHIBIT A



AMERICAN ARBITRATION ASSOCIATION®

EMPLOYMENT ARBITRATION RULES DEMAND FOR ARBITRATION

Please visit our website at www.adr.org if you would like to file this case online. AAA Customer Service can be reached at 800-778-7877.

Mediation: If you would like the AAA to contact the other parties and attempt to arrange mediation, please check this box <input checked="" type="checkbox"/> . There is no additional administrative fee for this service.					
Parties (Claimant)					
Name of Claimant: Janice Nadeau			Representative's Name (if known):		
Address: 573 Park ave			Firm (if applicable):		
Yonkers, New York 10703			Representative's Address:		
City: Yonkers	State: NY	Zip Code: 10703	City:	State:	Zip Code:
Phone No.: 914-659-0013	Fax No.:		Phone No.:	Fax No.:	
Email Address: Janusmg@hotmail.com			Email Address:		
Parties (Respondent)					
Name of Respondent: Equity Residential			Representative's Name (if known):		
Address: 2 North Riverside Plaza			Firm (if applicable):		
Suite 400			Representative's Address:		
City: Chicago	State: IL	Zip Code: 60606	City:	State:	Zip Code:
Phone No.: 312-474-1300	Fax No.:		Phone No.:	Fax No.:	
Email Address:			Email Address:		
Claim: What was/is the employee's annual wage range? <input checked="" type="checkbox"/> Less than \$100,000 <input type="checkbox"/> \$100,000-\$250,000 <input type="checkbox"/> Over \$250,000 Note: This question is required by California law.					
Amount of Claim:			Claim involves: <input type="checkbox"/> Statutorily Protected Rights <input type="checkbox"/> Non-Statutorily Protected Rights		
In detail, please describe the nature of each claim. You may attach additional pages if necessary: (counseling) because my language used in a text, after my manager while I was off, texted me first to explain I had to go to what she said was a mandatory outing. Received a formal "write up."					
Other Relief Sought: <input type="checkbox"/> Attorneys Fees <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Arbitration Costs <input type="checkbox"/> Punitive/Exemplary <input type="checkbox"/> Other					
Neutral: Please describe the qualifications for arbitrator(s) to hear this dispute: Saavy with labor laws, in NYC.					
Hearing: Estimated time needed for hearings overall: _____ hours or _____ days					
Hearing Locale: <input type="checkbox"/> Requested by Claimant <input type="checkbox"/> Locale provision included in the contract					
Filing Fee: <input type="checkbox"/> Employer-Promulgated Plan fee requirement or \$200 (max amount per AAA rules) <input type="checkbox"/> Standard Fee Schedule for Individually-Negotiated Contracts <input type="checkbox"/> Flexible Fee Schedule for Individually-Negotiated Contracts					
Amount Tendered:					
Notice: To begin proceedings, please send a copy of this Demand and the Arbitration Agreement, along with the filing fee as provided for in the Rules, to: American Arbitration Association, Case Filing Services, 1101 Laurel Oak Road, Suite 100, Voorhees, NJ 08043. Send the original Demand to the Respondent.					
Signature (may be signed by a representative):			Date:		
Pursuant to Section 1284.3 of the California Code of Civil Procedure, consumers with a gross monthly income of less than 300% of the federal poverty guidelines are entitled to a waiver of arbitration fees and costs, exclusive of arbitrator fees. This law applies to all consumer agreements subject to the California Arbitration Act, and to all consumer arbitrations conducted in California. Only those disputes arising out of employer promulgated plans are included in the consumer definition. If you believe that you meet these requirements, you must submit to the AAA a declaration under oath regarding your monthly income and the number of persons in your household. Please contact the AAA's Western Case Management Center at 1-877-528-0879. If you have any questions regarding the waiver of administrative fees, AAA Case Filing Services can be reached at 877-495-4185.					